

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000104008

Entity Name: SOBERHOUSES.COM, INC.

FILED
Jan 15, 2003
Secretary of State

Current Principal Place of Business:

297 NO. FEDERAL NWY
DELRAY BEACH, FL 33483

New Principal Place of Business:

297 NORTH EAST 6TH AVE
DELRAY BEACH, FL 33483

Current Mailing Address:

297 NO. FEDERAL NWY
DELRAY BEACH, FL 33483

New Mailing Address:

297 NORTH EAST 6TH AVE
DELRAY BEACH, FL 33483

FEI Number: 65-1054230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONAS, HAROLD M
375 SE 6TH AVE.
DELRAY BCH, FL 33444

Name and Address of New Registered Agent:

JONAS, HAROLD M
297 NE 6TH AVE.
DELRAY BCH, FL 33483

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

01/15/2003

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONAS, HAROLD M
Address: 375 SE 6TH AVE.
City-St-Zip: DELRAY BCH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JONAS, HAROLD M
Address: 297 NE 6TH AVE.
City-St-Zip: DELRAY BCH, FL 334483

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD JONAS

Electronic Signature of Signing Officer or Director

PRES

01/15/2003

Date